

<i>SERFF Tracking Number:</i>	<i>WESA-125448628</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>#26609 \$50</i>
<i>Company Tracking Number:</i>	<i>ARCH-08-017</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Commercial Excess Follow Form Liability</i>		
<i>Project Name/Number:</i>	<i>Submission of TRIA Disclosure Notice/ARCH-08-017</i>		

Filing at a Glance

Company: Arch Insurance Company		
Product Name: Commercial Excess Follow Form Liability	SERFF Tr Num: WESA-125448628 State: Arkansas	
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: #26609 \$50
Sub-TOI: 17.0020 Commercial Umbrella & Excess	Co Tr Num: ARCH-08-017	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Westmont Associates, Wesley Pohler	Disposition Date: 02/04/2008
	Date Submitted: 01/26/2008	Disposition Status: Approved
Effective Date Requested (New): 12/26/2007		Effective Date (New):
Effective Date Requested (Renewal): 12/26/2007		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Submission of TRIA Disclosure Notice	Status of Filing in Domicile: Pending
Project Number: ARCH-08-017	Domicile Status Comments: Pending in Missouri; just submitted
Reference Organization: None	Reference Number: None
Reference Title: None	Advisory Org. Circular: None
Filing Status Changed: 02/04/2008	
State Status Changed: 02/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Enclosed please find attached the Company's Commercial Excess Liability Terrorism Coverage Disclosure Notice submission. A letter permitting Westmont Associates, Inc. to submit this filing on Arch's behalf is enclosed.	

On December 26, 2007, the Federal Government reauthorized and extended the Terrorism Risk Insurance Program. In

<i>SERFF Tracking Number:</i>	<i>WESA-125448628</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>ARCH-08-017</i>		
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response to this action, the Company is filing the attached Terrorism Coverage Disclosure Notice (00 MLT0031 00 01 08) for your information.

Your acknowledgement of this submission is respectfully requested. If you have any questions or concerns regarding the filing, please do not hesitate to contact me. Thank you for your attention to this matter.

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP	wes@westmontlaw.com
25 Chestnut Street	(856) 216-0220 [Phone]
Haddonfield, NJ 08033	(856) 216-0303[FAX]

Filing Company Information

Arch Insurance Company	CoCode: 11150	State of Domicile: Missouri
300 First Stamford Place	Group Code: 1279	Company Type: Property and Casualty
5th Floor East		
Stamford, CT 06902	Group Name:	State ID Number:
(203) 388-3220 ext. [Phone]	FEIN Number: 43-0990710	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Arkansas Filing Fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$0.00	01/26/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
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<i>SERFF Tracking Number:</i>	<i>WESA-125448628</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>#26609 \$50</i>
<i>Company Tracking Number:</i>	<i>ARCH-08-017</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Commercial Excess Follow Form Liability</i>		
<i>Project Name/Number:</i>	<i>Submission of TRIA Disclosure Notice/ARCH-08-017</i>		
26609	\$50.00	01/23/2008	

SERFF Tracking Number: *WESA-125448628* *State:* *Arkansas*
Filing Company: *Arch Insurance Company* *State Tracking Number:* *#26609 \$50*
Company Tracking Number: *ARCH-08-017*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0020 Commercial Umbrella & Excess*
Product Name: *Commercial Excess Follow Form Liability*
Project Name/Number: *Submission of TRIA Disclosure Notice/ARCH-08-017*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/04/2008	02/04/2008

SERFF Tracking Number: *WESA-125448628* *State:* *Arkansas*
Filing Company: *Arch Insurance Company* *State Tracking Number:* *#26609 \$50*
Company Tracking Number: *ARCH-08-017*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0020 Commercial Umbrella & Excess*
Product Name: *Commercial Excess Follow Form Liability*
Project Name/Number: *Submission of TRIA Disclosure Notice/ARCH-08-017*

Disposition

Disposition Date: 02/04/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125448628 State: Arkansas
 Filing Company: Arch Insurance Company State Tracking Number: #26609 \$50
 Company Tracking Number: ARCH-08-017
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
 Product Name: Commercial Excess Follow Form Liability
 Project Name/Number: Submission of TRIA Disclosure Notice/ARCH-08-017

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Expedited Transmittal Form	Approved	Yes
Form	Terrorism Coverage Disclosure Notice	Approved	Yes

SERFF Tracking Number: WESA-125448628 State: Arkansas

Filing Company: Arch Insurance Company State Tracking Number: #26609 \$50

Company Tracking Number: ARCH-08-017

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess

Product Name: Commercial Excess Follow Form Liability

Project Name/Number: Submission of TRIA Disclosure Notice/ARCH-08-017

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Coverage Disclosure Notice	00 MLT0031 00 01 08	01 08	Disclosure/ New Notice		0.00	00MLT0031 000108.pdf

TERRORISM COVERAGE DISCLOSURE NOTICE

TERRORISM COVERAGE PROVIDED UNDER THIS POLICY

The Terrorism Risk Insurance Act of 2002 and amendments thereto (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

In accordance with the Act we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. **This offer does not include coverage for incidents of nuclear, biological, chemical, or radiological terrorism which will be excluded from your policy.** Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

Your premium will include the additional premium for terrorism as stated in the section of this Notice titled DISCLOSURE OF PREMIUM.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Program Year 2008 and each Program Year thereafter through 2014.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Program Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is:

(This charge/amount is applied to obtain the final premium.)

You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage. If you chose to accept this offer, this form does not have to be returned.

REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Legal Representative/Applicant's
Signature

Named Insured

Print Name of Policyholder/Legal
Representative /Applicant

Insurance Company

Date:

Policy Number:

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<i>Company Tracking Number:</i>	<i>ARCH-08-017</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125448628 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: #26609 \$50
Company Tracking Number: ARCH-08-017
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
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Project Name/Number: Submission of TRIA Disclosure Notice/ARCH-08-017

Supporting Document Schedules

Satisfied -Name: Cover Letter	Review Status: Approved	02/04/2008
Comments: Attached is our cover letter.		
Attachment: Final Cover.pdf		
Satisfied -Name: Letter of Authorization	Review Status: Approved	02/04/2008
Comments: Attached is the letter of authorization		
Attachment: 2008 Use this Letter.pdf		
Satisfied -Name: Expedited Transmittal Form	Review Status: Approved	02/04/2008
Comments: Attached is the completed expedited transmittal form.		
Attachment: Expedited Transmittal - To be used.pdf		

January 23, 2008

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Form Review Section

**RE: Arch Insurance Company /NAIC# 11150/ FEIN# 43-0990710
Commercial Excess Liability
Terrorism Coverage Disclosure Notice
EXPEDITED FILING
Effective Date: December 26, 2007
Filing Number: ARCH-08-017**

To Whom It May Concern:

Enclosed please find attached the Company's Commercial Excess Liability Terrorism Coverage Disclosure Notice submission. A letter permitting Westmont Associates, Inc. to submit this filing on Arch's behalf is enclosed.

On December 26, 2007, the Federal Government reauthorized and extended the Terrorism Risk Insurance Program. In response to this action, the Company is filing the attached Terrorism Coverage Disclosure Notice (00 MLT0031 00 01 08) for your information.

Your acknowledgement of this submission is respectfully requested. If you have any questions or concerns regarding the filing, please do not hesitate to contact me. Thank you for your attention to this matter.

Respectfully submitted,

Wesley Pohler

Wesley Pohler
Assistant Vice-President
wes@westmontlaw.com

Enclosures

cc: N. Stepanski – Westmont
C. Kennedy – Arch



One Liberty Plaza
53rd Floor
New York, NY 10006

T 212.651.6500
F 212.651.6499

January 1, 2008

Arch Insurance Company
NAIC: #11150
Letter of Authorization
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Wesley Pohler and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Arch Insurance Company.

Very truly yours,



Carol Kennedy
Vice President & Director of Compliance

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s)

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Arch Insurance Company	Missouri	11150	43-0990710

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Westmont Associates, Suite 105; Haddonfield, NJ 08033	(856) 216-0220	(856) 216-0303	Wes@westmontlaw.com

Filing information

Line of Insurance (see attachment)	Other Liability
Company Program Title (Marketing title) (if applicable)	Commercial Excess Liability
Filing Type ** see note below	Submission of Disclosure Notice
This application is used with:	Commercial Excess Liability Policy
Effective Date Requested	12/26/2007
Filing date	1/24/2008
Company Tracking Number	ARCH-08-017
Date filing approved in domiciliary state, if applicable	Pending in MO

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Terrorism Disc. Notice	00 MLT0031 00 0108 +	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

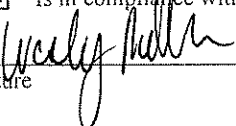
To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature



Wesley Pohler

Print Name:

AVP

Title: